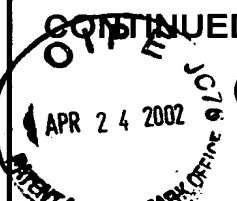
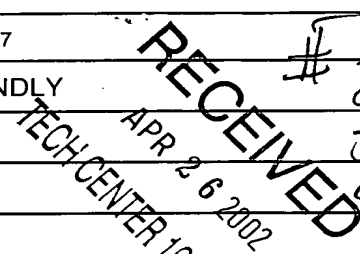


RCE/1645

|  |                        |                 |
|--|------------------------|-----------------|
| <b>REQUEST FOR<br/>CONTINUED EXAMINATION<br/>(RCE)</b><br> | Application Number     | 08/948,149      |
|  | Filing Date            | OCTOBER 9, 1997 |
|  | First Named Inventor   | BRIAN M. FENDLY |
|  | Group Art Unit         | 1645            |
|  | Examiner Name          | SWARTZ, R.      |
|  | Attorney Docket Number | 9491-033-27     |



This is a Request for Continued Examination under 37 C.F.R. 1.114 of the above-identified application.  
 Note: If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. § 1.53(d) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA.

1. **Submission required under 37 C.F.R. 1.114**
  - a. ☐ Previously submitted
    - i. ☐ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on \_\_\_\_\_ (Any unentered amendment(s) referred to above will be entered).
    - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief filed on \_\_\_\_\_.
    - iii. ☐ Other: \_\_\_\_\_.
  - b. ☒ Enclosed
    - i. ☒ Amendment including attachment.
    - ii. ☐ Information Disclosure Statement (IDS)
2. **Miscellaneous**

Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c)

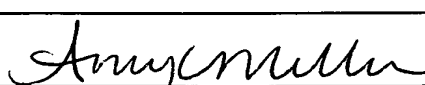
  - a. ☐ for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required).
  - b. ☐ Other \_\_\_\_\_.
3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.
  - a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No. 50-1442.
    - i. ☒ RCE fee required under 37 C.F.R. 1.17(e).
    - ii. ☒ Extension of time fee (37 C.F.R. 1.136 and 1.17).
    - iii. ☒ Other Fee Transmittal.
  - b. ☒ Check in the amount of \$ 2,772.00 enclosed.

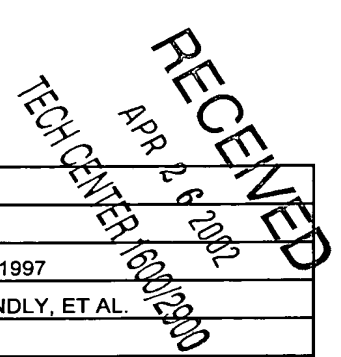
**CORRESPONDENCE ADDRESS**

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04/15/2002 CCHAU1 00000035 08948149

01 FC:179 740.00 OP  
 02 FC:103 72.00 OP

|            |   |                   |               |
|------------|---|-------------------|---------------|
| Name:      | Steven B. Kelber  | Registration No.: | 30,073        |
| Signature: |  |                   | Date: 4/24/02 |
| Name:      | Amy L. Miller   | Registration No.: | 43,804        |



| <b>FEE TRANSMITTAL</b>  |          |              |          |  |     | Docket No.                         |          | 9491-033-27             |          |  |                  |            |     |                           |  |
|---|----------|--------------|----------|--|-----|------------------------------------|----------|-------------------------|----------|--|------------------|------------|-----|---------------------------|--|
|   |          |              |          |  |     | Serial No.                         |          | 08/948,149              |          |  |                  |            |     |                           |  |
|   |          |              |          |  |     | Filing Date                        |          | OCTOBER 9, 1997         |          |  |                  |            |     |                           |  |
|   |          |              |          |  |     | Inventor(s)                        |          | BRIAN M. FENDLY, ET AL. |          |  |                  |            |     |                           |  |
|   |          |              |          |  |     | Group Art Unit                     |          | 1645                    |          |  |                  |            |     |                           |  |
| TOTAL AMOUNT OF PAYMENT   |          |              |          | \$2,772.00   |     | Examiner                           |          | SWARTZ, R.              |          |  |                  |            |     |                           |  |
| <b>1.</b> <input type="checkbox"/> Applicant claims small entity status.<br><br><input checked="" type="checkbox"/> Charge any <u>UNDERPAYMENT</u> or credit any <u>OVERPAYMENT</u> in the indicated fees to Deposit Account No. 50-1442.<br><br><input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442. |          |              |          |  |     | <b>FEE CALCULATION (continued)</b> |          |                         |          |  |                  |            |     |                           |  |
|   |          |              |          |  |     | <b>3. ADDITIONAL FEES</b>          |          |                         |          |  |                  |            |     |                           |  |
|   |          |              |          |  |     | Large Entity                       |          | Small Entity            |          | Fee Description                                      |                  |            |     |                           |  |
| <b>2.</b> <input checked="" type="checkbox"/> Check enclosed.   |          |              |          |  |     | Fee Code                           | Fee (\$) | Fee Code                | Fee (\$) |  | Fee Paid         |            |     |                           |  |
| <b>FEE CALCULATION</b>  |          |              |          |  |     | 105                                | 130      | 205                     | 65       | Surcharge-late filing fee or oath                    |                  |            |     |                           |  |
| <b>1. BASIC FILING FEE</b>  |          |              |          |  |     | 127                                | 50       | 227                     | 25       | Surcharge-late provisional filing fee or cover sheet |                  |            |     |                           |  |
| Large Entity  |          | Small Entity |          | Fee Description  |     | 139                                | 130      | 139                     | 130      | Non-English specification                            |                  |            |     |                           |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) | Fee Paid   |     | 147                                | 2520     | 147                     | 2520     | Ex parte reexam. fee                                 |                  |            |     |                           |  |
| 101   | 740      | 201          | 370      | Utility filing fee                                       |     | 115                                | 110      | 215                     | 55       | 1-mo. ext. of time                                   |                  |            |     |                           |  |
| 106   | 330      | 206          | 165      | Design filing fee  |     | 116                                | 400      | 216                     | 200      | 2-mo. ext. of time                                   |                  |            |     |                           |  |
| 107   | 510      | 207          | 255      | Plant filing fee   |     | 117                                | 920      | 217                     | 460      | 3-mo. ext. of time                                   |                  |            |     |                           |  |
| 108   | 740      | 208          | 370      | Reissue filing fee                                       |     | 118                                | 1440     | 218                     | 720      | 4-mo. ext. of time                                   |                  |            |     |                           |  |
| 114   | 160      | 214          | 80       | Provisional filing fee                                   |     | 128                                | 1960     | 228                     | 980      | 5-mo. ext. of time                                   | 1,960.00         |            |     |                           |  |
| <b>SUBTOTAL (1)</b>   |          |              |          |  |     | \$0.00                             | 119      | 320                     | 219      | 160  | Notice of Appeal |            |     |                           |  |
| <b>2. EXTRA CLAIM FEES</b>  |          |              |          |  |     | 120                                | 320      | 220                     | 160      | Appeal Brief   |                  |            |     |                           |  |
| tot. claims   |          | 34           | -        | 30*  | = 4 | x                                  | \$18     | =                       | 72       | 121  | 280              | 221        | 140 | Request for Oral Hearing  |  |
| ind. claims   |          | 4            | -        | 4*   | = 0 | x                                  | \$84     | =                       | 0        | 142  | 1280             | 242        | 640 | Utility/Reissue Issue Fee |  |
| <input type="checkbox"/> Multiple Dependent Claims  |          |              |          |  |     | \$280                              | =        |                         |          | 143  | 460              | 243        | 230 | Design Issue Fee          |  |
| Large Entity  |          | Small Entity |          | Fee Description  |     | 144                                | 620      | 244                     | 310      | Plant Issue Fee                                      |                  |            |     |                           |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) | Fee Paid   |     | 122                                | 130      | 122                     | 130      | Petitions to the Commissioner                        |                  |            |     |                           |  |
| 103   | 18       | 203          | 9        | Claims in excess of 20                                   |     | 126                                | 180      | 126                     | 180      | IDS Submission                                       |                  |            |     |                           |  |
| 102   | 84       | 202          | 42       | Independent claims in excess of 3                        |     | 581                                | 40       | 581                     | 40       | Assignment   |                  |            |     |                           |  |
| 104   | 280      | 204          | 140      | Multiple dependent claim, if not paid                    |     | 179                                | 740      | 279                     | 370      | For Filing RCE                                       | 740.00           |            |     |                           |  |
| 109   | 84       | 209          | 42       | *Reissue independent claims over original patent         |     | 169                                | 900      | 169                     | 900      | Expedited Design                                     |                  |            |     |                           |  |
| 110   | 18       | 210          | 9        | *Reissue claims in excess of 20 and over original patent |     | <b>OTHER (indicate below):</b>     |          |                         |          |  |                  |            |     |                           |  |
| <b>SUBTOTAL (2)</b>   |          |              |          |  |     | \$72.00                            |          |                         |          |  |                  |            |     |                           |  |
| * or number previously paid, if greater; For Reissues, see above  |          |              |          |  |     | <b>SUBTOTAL (3)</b>                |          |                         |          |  |                  | \$2,700.00 |     |                           |  |

|           |                  |                  |         |           |              |
|-----------|------------------|------------------|---------|-----------|--------------|
| Name      | Steven B. Kelber | Registration No. | 30,073  |           |              |
| Signature |                  | Date             | 4/24/02 | Telephone | 202-861-3900 |
| Name      | Amy L. Miller    | Registration No. | 43,804  |           |              |